



AFFIDAVIT FOR CHANGE OF NAME

State Form 47870 (R5 / 8-05)
Approved by State Board of Accounts, 2005

Indiana Department of Education
Division of Professional Standards
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The information in this document is
confidential according to IC 5-14-3-4(b)8.

SOCIAL SECURITY NUMBER

This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

Please Note: This affidavit must be accompanied by the original copy of your currently valid license(s); or if lost or destroyed, a Proof of Licensing form completed, and a limited criminal history report. No fee is required.

Please PRINT or TYPE.

STATE OF _____			} SS:
COUNTY OF _____			
Name as shown on license(s)		Social Security number	
Change Name To:			
Full name			
Street address			
City	State	ZIP code	
Date of birth (month, day, year)	Telephone number ()	License number (if known)	
The undersigned states that on _____ his/her name changed from Date (month, day, year)			
_____ to _____			
and makes this affidavit for the purpose of requesting the Indiana Department of Education / Division of Professional Standards to change his/her name on the official records.			
I certify that the information and documentation contained in this affidavit are true and accurate to the best of my knowledge and belief.			
Signature of applicant		Date signed (month, day, year)	